

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number		Page of Pages	
					1	2
2. Amendment/Modification Number 0006		3. Effective Date April 11, 2007		4. Requisition/Purchase Request No.		5. Solicitation Caption Residential Habilitation Services or Respite Services for Persons with Mental Retardation and Developmental Disabilities
6. Issued by: Office of Contracting and Procurement Department of Human Service 64 New York Avenue, NE, 6 th Floor Washington, DC 20002			Code	7. Administered by (If other than line 6) Department on Disabilities Service/ Mental Retardation Developmental Disabilities 1125 15 th Street, NW, 9 th Floor Washington, D.C. 20005		
8. Name and Address of Contractor (No. street, city, county, state and zip code) Prospective Offerors Code Facility				X	9A. Amendment of Solicitation No. POJA-2005-H-0014	
					9B. Dated (See Item 11) 9/7/07	
					10A. Modification of Contractor/Order No.	
					10B. Dated (See Item 13)	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (If Required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14						
	A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
	B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
	C. This supplemental agreement is entered into pursuant to authority of:					
x	D. Other (Specify type of modification and authority) 27 DCMR 1607.1 (a)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return ___1___ copies to the issuing office.						
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) This amendment is to Human Care Agreement # POJA- 2005-H- 0014 –Residential Habilitation Services for Persons with Department on Disabilities Service formerly Mental Retardation Developmental Disabilities for the following changes: 1. DELETE: HCA DOCUMENTS ARE AVAILABLE AT: Office of Contracting and Procurement Department of Human Services 64 New York Avenue, N.E., Room 6104 Washington, D.C. 20002 (202) 671-4460 or Office of Contracting and Procurement Judiciary Square 441 4 th Street, N.W. Room 700South Bid Counter Washington, D.C. 20001 INSERT: HCA DOCUMENTS ARE AVAILABLE AT: Department on Disabilities Services 1125 15 th Street, NW, 9 th Floor Washington, D.C. 20005 (202)730-1700						
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.						
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer Jean Wright		
15B. Name of Contractor (Signature of person authorized to sign)		15C. Date Signed		16B. District of Columbia		16C. Date Signed 4/11/07

2. DELETE: E.1. Contracting Officer/Human Care Administration in its entirety.

INSERT: E.1. Contracting Officer/Human Care Administration:

Brenda Emanuel
Deputy Administrator of Administration
Department on Disabilities Services
1125 15th Street, N.W. 9th Floor
Washington, D.C. 20005
(o) 202 730-1549
(f) 202 730-1844

All other conditions of the solicitation remain unchanged.